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RURAL DISTRICT OF MERE & TISBURY



Annual Report

II

of

The Medical Officer of Health

incorporating

The Report

of

The Chief Public Health Inspector



FOR THE YEAR 1963

RURAL DISTRICT OF MERE AND TISBURY

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

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THE REPORT

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THE CHIEF PUBLIC HEALTH INSPECTOR

For the year 1963.

RURAL DISTRICT OF MERE AND TISBURY
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1963

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the District during 1963. The report follows the recommendations of the Ministry of Health in Circular No. 1, 1963. The Public Health Officers Regulations, 1959, are referred to in this Circular which draws attention to the provision in the Regulations for the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health in this area.

The Report of the Chief Public Health Inspector, Mr. Harry Sharratt, is incorporated. This provides me with detailed information in regard to environmental public health in the district, to supplement that derived from my own personal observation, and enables some further comments to be made.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department, particularly Mr. Sharratt, and of my associates in other departments of the Council. I also thank gratefully my colleagues, the local General Medical Practitioners and Health Visitors, also Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory, for their invaluable and friendly co-operation.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

Medical Officer of Health.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report

1. In the "Vital Statistics" Section: -

The "standardized" general death rate of 8.6 per 1,000 is lower than that for last year, (9.5) and lower than the previous year's rate for England and Wales, (12.2). Half of it was due to diseases of the heart or circulation.

The "nil" maternal mortality rate.

The infant mortality rate of 24.5 per 1,000 live births, much higher than last year's rate of 16.2, and also higher than the previous year's National Rate of 20.9.

2. In the "Communicable Disease" Section: -

The District was again fortunate in having a general low incidence of notifiable communicable diseases.

The respiratory tuberculosis notification rate again remained at Nil. (Previously 0.5 per 1,000 in 1957, 0.25 per 1,000 (3 cases only) in 1958, 0.1 per 1,000 (1 case only) in 1959, to Nil in 1960, 1961 and 1962).

The tuberculosis mortality rate of Nil.

Preventive "immunisation" of children against small pox, poliomyelitis, diphtheria, tetanus and whooping cough still falls rather short of the optimum though there is a continuing improvement.

3. In the "Environmental Public Health and Food" Section: -

Notes about the continued deficiencies in sewage disposal arrangements in Mere, Maiden Bradley, East Knoyle and Berwick St. John, and the steps already taken to rectify the position in Mere and plans for East Knoyle. The desirability of an adequate fluoride content in drinking water is again stressed.

In Housing, in spite of the substantial amount of work done by the Council in providing Council Houses, there is still an increasing need for more housing accommodation for people at present without their own accommodation, plus a much smaller number of people who are now living in worn out or insanitary buildings in the "condemned" class. The number of families on the waiting list for housing by the Authority decreased during the year from 293 to 209. The need to conserve every acre of good agricultural land is increasingly paramount for the health and welfare of this country.

THE MAIN PUBLIC HEALTH NEEDS IN A NUTSHELL These remain as previously, namely: -

1. More Homes, with the minimum encroachment upon agricultural land.
2. Enrichment of fluoride-weak water supplies, to enable teeth to grow healthy and durable.
3. Less tobacco smoking. More effort to counteract the advertising of cigarettes, in a campaign largely directed at young people.
4. An extension of sewerage and sewage disposal works to further parishes, with priority for East Knoyle, Chilmark, Teffont, Berwick St. John and Kilminster, in that order.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F. J. G. LISHMAN, M.D. (Hygiene),
B.S. (London), D.P.H. (London),
L.R.C.P., M.R.C.S., D.L.O. (England),
L.M.C. (Canada).

Address Office - 26, Endless Street,
Salisbury. (Tel: 5201).
Residence - "Till Orchard",
Berwick St. James. (Tel: Stapleford 269)

Chief Public Health Inspector: H. SHARRATT, M.A.P.H.I.

Additional Public Health Inspector: R. KNOX, M.A.P.H.I.

Clerk: (Mere Office): MISS A. KITE.

Clerk: (Salisbury Office, M.O.H.) MISS J. BURCHMORE.

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under arrangements made in 1954, acts also as Assistant County Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the salary for the Joint Appointment is allocated to the Mere and Tisbury Rural District Council).

GENERAL STATISTICS

Number of Parishes	.. .. .	26
Area in Acres	.. .. .	71,319
Population, 1961 Census	.. .. .	11,195
Population, Registrar General's Estimate for mid Year	.. .. .	11,290
Density of population - people per acre	.. .. .	0.16
Number of Inhabited dwellings (Flats, Bungalows or 2 storey houses)	.. .. .	3,752
Number of applications for Council Housing at the end of the year, on waiting list	.. .. .	204
Rateable Value	.. .. .	£270,780
Product of a penny rate (31.3.64)	.. .. .	£1,107

VITAL STATISTICS

TABLE 1

BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

						<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	Legitimate	79	72	151				
	Illegitimate	3	8	11				
	Total	82	80	162				
Illegitimate Live Births as percentage of Total Live Births				..				6.8
Crude Live Birth rate per 1,000 population				.. .. .				14.3
* Comparability Factor for Births				.. .. .				1.19
Standardized Live Birth Rate				.. .. .				17.0
						<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	Legitimate	0	1	1				
	Illegitimate	0	0	0				
	Total	0	1	1				
Total Live Births and Still Births				.. .. .				
Still Births, rate per 1,000 Live and Still Births				.. .. .				0.61
						<u>Male</u>	<u>Female</u>	<u>Total</u>
Infant Deaths.. .. .	Legitimate	1	3	4				
	Illegitimate	0	0	0				
	Total	1	3	4				
Infant Mortality rate per 1,000 Live Births: Legitimate				.. .. .				24.5
Illegitimate				.. .. .				0
Total				.. .. .				24.5
For Comparison: I.M.R. Wiltshire (previous year)				.. .. .				20.7
I.M.R. England and Wales (previous year)				.. .. .				20.9
						<u>Male</u>	<u>Female</u>	<u>Total</u>
Neo Natal (In first four weeks) Deaths								
	Legitimate	1	2	3				
	Illegitimate	0	0	0				
	Total	1	2	3				
Neo Natal Mortality Rate				.. .. .				18.5

- NOTE: (1) $\pm$ Legitimate I.M.R. = $\frac{\text{Leg. deaths under 1 year}}{\text{Leg. live births}} \times 1,000$
- (2) $\pm$ Illegitimate I.M.R. = $\frac{\text{Illeg. deaths under 1 year}}{\text{Illeg. live births}} \times 1,000$
- (3) $\times$ Comparability Factor for Births

(This "standardizes" or compensates for age and sex distribution of the local population so that the standardized birth rate can be compared with the rate for England and Wales, and with similarly standardized birth rates in other areas).

Early Neo-Natal deaths (in first week)	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	1	2
Illegitimate	0	0	0
Total	1	1	2
Early Neo Natal Mortality Rate	..	..	12.3
Perinatal Deaths (Early Neo natal plus Still Births)	1	2	3
Perinatal Mortality Rate	..	..	18.5
Maternal Deaths (including Abortion)	..	..	0
Maternal Mortality Rate per 1,000 Live and Still Births	..	..	0

Comment

The Registrar General's estimate of mid-year population of the Rural District shows a small decrease as has also the birth rate for the year. The five years' previous "standardized" birth rates were (1957) 16.5, (1958) 18.5, (1959) 17.4, (1960) 15.0, (1961) 16.0 and (1962) 17.4. The Infant Mortality Rate is raised, and is higher than the national average. But the relatively small numbers of births and deaths in a small population makes the calculated rate subject to a big chance factor. Each single death makes a difference of 6 units in the I.M.R. Thus a death on the 31st December, instead of the 1st January, could cause a difference of 12 between the I.M.R. of one year and the next.

TABLE II

DEATHS AND DEATH RATES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths	63	55	118
Crude Death Rate per 1,000 population.. .. .	..	..	10.5
Comparability Factor for Deaths	..	..	0.82

Comment

This factor, being substantially less than unity, indicates that the age distribution of the local population is more elderly than that of the country as a whole. Its application makes the local "crude" rate comparable with that of the country, and with similarly adjusted rates from other localities.

Death Rate as standardized by Comparability Factor	8.6
Death Rate for Wiltshire (previous year) - standardized	10.8
Death Rate for England and Wales (previous year) for comparison	12.2

Comment

The number of deaths is slightly less, and the crude death rate therefore has dropped 11.3 to 10.5 per 1,000. The "standardized" Death Rate for the Rural District is also slightly lowered, to 8.6 due to a further small reduction in the comparability Factor.

NATURAL INCREASE

Increase of Live Births over deaths for the year	44
Rate of Natural Increase, per 1,000 of population	3.9

TABLE III

Certain "Specific" Death rates in Inverse "Health Index" Value

(Rates per 1,000 population, except for maternal rate).

(1) Deaths due to Tuberculosis (all forms) (both sexes)	0
Tuberculosis Death Rate	0
Deaths due to Respiratory Tuberculosis	0
Respiratory Tuberculosis Death Rate	0
Previous year's Respiratory Tuberculosis Death Rate, Wiltshire for comparison	0.061
Previous year's Respiratory Tuberculosis Death Rate, England and Wales for comparison	0.066
(2) Deaths from Cancer and Related Malignant Diseases	18
Specific Death rate from Cancer (all forms)	1.6
Previous year's Death Rate from Cancer (all forms) Wiltshire	1.89
Previous year's death Rate from Cancer (all forms) England and Wales	1.82
Deaths from Lung Cancer.	4
Specific Death rate from Lung Cancer	0.36
Previous year's Death rate from Lung Cancer, England and Wales	0.51

(3)	Death Rate from Heart Disease and other diseases of the	
	Circulatory system	5.6
	Coronary Diseases only.. .. .	2.2
(4)	Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	0
	Maternal Mortality Rate - per 1,000 live and still births..	0
	Previous year's Maternal Mortality Rate (Childbirth,	
	Abortion, Pregnancy), Wiltshire for comparison.	0.58
	Previous year's Maternal Mortality Rate (Childbirth,	
	Abortion, Pregnancy), England and Wales	0.35
(5)	Deaths from Accidents and Violence	3
	Specific Death Rate from Accidents and Violence.. .. .	0.26

Comment

Certain of the specific "index" mortality rates are analysed, or broken-down, in the following Table IV. On the whole these "inverse indices" of the state of health of the community are satisfactory. - More so even than last year. All are on the low side, including the rate for Lung Cancer, which is a trifle lower than that for Wiltshire and that for England and Wales this year, in contrast to 1961 and 1962. The rate for "heart disease and other diseases of the circulatory system" constitutes nearly half of the total death rate of the district. Special attention is drawn to the "nil" specific death rate from Tuberculosis and the "nil" rate from pregnancy, child birth, or abortion (Maternal Mortality). Both those latter statistics are very satisfying to record, and this has been so for the last three years.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to classify the Registrar General's annual table for this district into seven Groups, labelled "A" to "G" as set out in Table IV.

TABLE IV - ANALYSIS OF CAUSES OF DEATH

Group A - Certain Communicable Diseases.					Male	Female	Total	Rate per 1,000 population.
1.	Tuberculosis - Respiratory				0	0	0	0
2.	Tuberculosis - Other				0	0	0	0
3.	Syphilitic Disease				0	0	0	0
4.	Diphtheria				0	0	0	0
5.	Whooping Cough				0	0	0	0
6.	Meningococcal Infection.. ..				0	0	0	0
7.	Poliomyelitis.. ..				0	0	0	0
8.	Measles				0	0	0	0
9.	Other Infectious and Parasitic Diseases (Other than Influenza and Pheumonia).				0	0	0	0
Total Group A.					0	0	0	0

Group B - Cancer and Related Malignant Diseases.

10.	Malignant Neoplasm - Stomach	..	..	..	0	1	1	0.09
11.	Lung or Bronchus	..	..	..	4	0	4	0.36
12.	Breast	..	..	..	0	2	2	
13.	Uterus	..	..	..	0	2	2	
14.	Other Malignant or Lymphatic Neoplasm				8	1	9	
15.	Leukaemia or Aleukamia	..	..	..	0	2	2	
Total Group B.					12	8	18	1.6

Group C - Diabetes

16.	Diabetes	..	..	..	1	1	2	1.18
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Group D - Heart and other Diseases of Circulatory System.

17.	Vascular Lesions of Nervous system	..	..	..	10	10	20	
18.	Coronary Disease or Angina	..	..	..	17	6	23	2.2
19.	Hypertension with Heart Disease	..	..	..	2	0	2	
20.	Other Heart Diseases	..	..	..	4	5	9	
21.	Other Circulatory Diseases	..	..	..	2	6	8	
Total Group D					35	27	62	5.6

Group E - Respiratory Disease - Other than Tuberculosis or Cancer. Male Female Total Rate per 1,000 population.

22. Influenza	2	1	3	
23. Pneumonia	5	4	9	
24. Bronchitis	2	1	3	0.26
25. Other Diseases of Respiratory System	0	0	0	
Total Group E	9	6	15	1.3

Group F - Miscellaneous

26. Ulcer of Stomach and Duodenum ..	0	1	1	
27. Gastritis, Enteritis	1	1	2	
28. Nephritis and Nephrosis	0	1	1	
29. Hyperplasia of prostate	0	2	2	
30. Pregnancy, Childbirth, Abortion..	0	0	0	
31. Congenital Malformation	1	2	3	
32. Other Defined and Ill-Defined Diseases	1	7	8	
Total Group F	3	14	17	1.5

Group G - Accidents and Violence

33. Motor Vehicle Accidents	0	0	0	
34. All other accidents	1	1	2	
35. Suicide	1	0	1	
36. Homicide and operations of war..	0	0	0	
	2	1	3	0.26

37. All Causes	63	55	118	10.5
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Comment on Table IV

Diseases of the Heart and Circulatory System, as usual the most common cause of death in this district, have slightly decreased at 5.6 per 1,000, but amount to about half of the total number of deaths. They remain the greatest (and perhaps most merciful) fatal endemic diseases affecting the district. The Lung Cancer death rate has dropped from last year at 0.53 to 0.36 per 1,000. The "Nil" Tuberculosis and Maternal Death rates have already been noted. The deaths from accidents and violence are again reduced, but this year, unhappily, include one suicide.

Heart Disease

The high mortality from heart diseases is a challenge to the public health departments. It is now believed that this can be reduced, or at least postponed, by the following precautions.

- (i) Reduction of weight, especially in the obese.
- (ii) Reduction of the amount of animal fat in the diet, (Butter, Cream, Meat, bacon fat, etc.). Fish fat and vegetable fat are believed to be less harmful.
- (iii) Regular moderate exercise, - "Walk instead of drive wherever practicable".
- (iv) Giving up the smoking of cigarettes.

To publicise these measures, together with the special dangers of smoking cigarettes (in regard to lung cancer, and bronchitis), is now a major duty of the public health department.

TOBACCO SMOKING AS A CAUSE OF BRONCHITIS, LUNG CANCER, AND HEART DISEASE.

Following on, and greatly reinforcing, the 1962 publication of "Smoking and Health", by the Royal College of Physicians of London, the United States Department of Health, Education, Welfare, arranged for the publication of a monumental new work on "Smoking and Health", compiled by the Surgeon-General's Advisory Committee. The report was actually published just after the end of the year, but long before this report, for 1963, could be written. Therefore I have felt that a reference to it in the 1963 report is appropriate. The report extends and greatly reinforces the British R.C.P. report, and it deals extensively with chronic bronchitis and heart disease as well as with lung cancer. It also considers the effect of cigar or pipe smoking as compared with cigarette smoking.

If any further conviction about the dangers of cigarette smoking was needed, this U.S. report supplies that conviction. It is especially interesting, as the North American habit of smoking less of a cigarette before discarding it, and the baking of the tobacco, probably make the U.S. population slightly less vulnerable to the cigarette than the British. The pipe is considered a hardly significant cause of lung cancer, but this is not so of bronchitis, and the cigar is exonerated as a cause of either. The cigars smoked in North America are probably all, or nearly all, made of Caribbean tobacco, even if not of Cuban Havana tobacco. The cigars more commonly smoked in Europe, from less expensive sources in Burma, Malaysia and Indonesia, may not necessarily be as safe, though the slower burning, at lower temperature, of cigars as compared with cigarettes, applies to all sorts of cigars and is quite likely to be the reason for their being less dangerous, anyhow, as a cause of lung cancer.

During the year I have, in my capacity of a part time County Council Medical Officer, continued giving talks to secondary school children, illustrated by an excellent Flannelgraph (designed initially by Dr. Bloomfield of Great Cheverell, but modified by myself). These talks have been very well received, but I feel that this effect would be enforced if given more frequently, or one of the excellent films on smoking dangers, which are now available, could be shown to all pupils, including primary school pupils, also if all teachers, and still more so, parents, would set a better example. Much has been said about the desirability of further restriction, or prohibition, of the advertising of cigarette brands, and I feel that an active discouragement by the B.B.C. and I.T.A. of cigarette smoking, by people being interviewed on television, or taking part in plays, would be an equally valuable measure.

Ridicule of what, after all, should be considered a very adolescent habit, (analagous to the use of baby's comforters in a lower age group), and the gradual extension of the realisation that cigarette smoking is no longer quite the "done thing", at parties, would also be useful disincentives.

I have been very struck by the great reduction, almost elimination, of cigarette smoking among doctors at the numerous medical meetings I have attended in the Salisbury area during the year.

In June, the Ministry of Health circularised Hospital Management Committees advising them to discourage smoking by patients and staff, and to prohibit it by visitors, and to stop the sale of cigarettes from slot machines and ward trolley service.

At the time of writing this report, two of the authors of the most famous of all the published research on mortality among British Doctors from lung cancer and its association with cigarette and other kinds of smoking, Dr. Richard Doll and Sir Austin Bradford Hill, have just published the results of a further report, ten years after their original major report in 1954. This report is the first which I have read which gives real evidence in support of the supposition which most people have held that inhaling tobacco smoke is significantly more dangerous than smoking without inhaling. The report also greatly reinforces the belief that the cigarette is far more dangerous than the Cigar and the Pipe as a cause of lung cancer, - though the Pipe still may be as bad as a cause of chronic bronchitis, to its smoker and to other people in its neighbourhood.

In my Annual Reports for 1961 I began to refer to a study I began five years previously as an exercise, or local demonstration, of the smoking habits of people resident within the three South Wiltshire Districts, who had died from lung cancer, and of an equivalent sample

number of others who had died of coronary thrombosis and of stomach cancer. This investigation, now seven years old, is being continued and may one day be published when I think the numbers concerned, in the relatively small total population of about 36,000 are sufficient. But it is already clear that those who died from lung cancer have an overwhelming proportion of heavy or moderate cigarette smokers among their number, while those who died from coronary thrombosis did not.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district has become one of the "indices" of the health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases, which number increases every few years. As long as this method of protection against specific communicable diseases is not allowed to obscure the wider, general measures for the promotion of health - good nutrition, housing, education, interesting occupation and creative use of leisure time - its gradual development and multiplication is all to the good. The longest established and, so far, most proven successful and lasting, artificial immunisations, are those against smallpox and diphtheria. In more recent years protection against whooping cough, (partial), tetanus, and against poliomyelitis, have been accepted as normal practice. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme for protection against these five diseases. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council; the other immunisations either by the "Family Doctor" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at school or village halls. Poliomyelitis immunisation by oral doses has now entirely replaced the injection method in my clinics.

Most of these immunisations are done by County Council Medical Staff including myself, though certain General Medical Practitioners also undertake this work. In this area, all the immunisations are still carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C.D.L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria, tetanus, smallpox, whooping cough and poliomyelitis, in the district.

TABLE V - IMMUNISATION STATISTICS

A. DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Year of Birth		1963	1962	1961	1960	1959	1954-58	1949-53
Primary Imms. completed during 1963.	Diphth.	49	66	7	1	1	5	-
	Wh/c.	45	65	6	1	-	-	-
	Tetanus	49	66	7	1	1	4	-
Reinf. inj.s. administered during 1963	Diphth.	-	15	57	12	5	44	3
	Wh/c.	-	8	52	11	3	23	-
	Tetanus	-	11	54	12	4	37	2

B. SMALL-POX

Age Group	Months				Years			
	0-3	3-6	6-9	9-12	1	2-4	5-14	15 or over
Vaccinations	18	11	1	1	9	-	5	1
Re-Vaccinations	-	-	-	-	-	-	4	28

C. POLIOMYELITIS

Age Group	2nd inj.	3rd inj.	4th inj.	3 oral doses	3rd oral after 2 inj.s.	4th oral after 2 inj.s. + 1 oral dose.	4th oral after 3 inj.s. or 3 oral
Children born in 1963	-	1	-	9	-	-	-
Children born in 1962	-	7	-	81	-	-	-
Children born in 1961	1	13	-	42	-	15	1
Young persons born 1943-1960.	2	2	10	47	-	-	202
Young persons born 1933-1942.	-	-	-	15	-	-	-
Others	1	3	-	12	-	-	-
Totals	4	26	10	206	-	15	203

B. Incidence of Communicable Diseases.

The Communicable Diseases for which statistics are available comprise only those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

But it is important to note that certain common communicable diseases such as influenza, rubella and mumps, and also venereal diseases, because they are not generally "Notifiable", cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

The notifiable communicable diseases actually notified during the year are set out in Table IV.

The year was again remarkable for an extremely low incidence of all kinds of notifiable disease, except measles and no case of "food poisoning" was notified.

This year there were only two notified cases of Tuberculosis (non respiratory).

It must now be appreciated that, as a cause of endemic disease, heart cancerous and respiratory diseases have replaced the old idea of "infectious disease" as prime epidemiological culprits. Public Health workers have now to tackle this great trio of killers with the same energy as they used to tackle the now weakening group of "communicable" disease. The effort to persuade people to reduce tobacco smoking as a step in the prevention of bronchitis and lung cancer, is one example of modern epidemiology in the public health service, as are the avoidance of obesity, (especially if caused by excessive eating of animal fat), and of smoking, plus the taking of regular moderate exercise still after middle age, steps in the reduction of heart and circulatory disease.

TABLE VI

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

1. <u>Tuberculosis.</u>	Sub	Total (main disease)	Group Total
(a) Respiratory	0		
(b) Meninges and Nervous System	0		
(c) Other forms	0		
(d) Group Total			0
(Newly notifiable Respiratory Tuberculoses Rate per 1,000 population = Nil).			
2. <u>Other Respiratory Notifiable Diseases</u>			
(a) Whooping Cough.		0	
(b) Pheumonia Acute		0	
(c) Group Total			0
3. <u>Diphtheria</u>		0	0
4. <u>Meningococcal Infection</u>		0	0
5. <u>Virus Diseases of Nervous System</u>			
(a) Poliomyelitis - Paralytic	0		
(b) Poliomyelitis - Non-Paralytic.	0	0	
(c) " - Total			0
(d) Encephalitis - Infective	0		
(e) Encephalitis - Post Infectious	0		
(f) " - Total		0	
(g) Group Total			0
6. <u>Other Notifiable Virus Diseases</u>			
(a) Measles (excluding Rubella)		50	
(b) Small-pox		0	
(c) Group Total			50
7. <u>Alimentary Infection or Poisons</u>			
(a) Dysentery - Bacterial	0		
(b) Dysentery - Other	0		
(c) " - Total		0	
(d) Typhoid Fever.. .. .		0	
(e) Paratyphoid Fever		0	
(f) Food Poisoning		0	
(g) Group Total			0

8. <u>Streptococcal Group</u>	Sub	Total (main disease)	Group Total
(a) Scarlet Fever		13	
(b) Erysipelas.. .. .		0	
(c) Group Total.			13
9. <u>Miscellaneous Groups</u>			
(a) Puerperal Pyrexia		0	
(b) Ophthalmia Neonatorum.		0	
(c) Other Notifiable Diseases.. .. .		0	
(d) Group Total.			0
10. <u>All "Notifiable Diseases" Total.</u>			63

Comment - Tuberculosis.

No new notifications were made during the year. At the end of the year a thorough reappraisal was made of the extent of known tuberculosis within my area of Wiltshire as M.O.H. The health status of every patient on my register for whom no recent information was available in my files was ascertained from the appropriate tuberculosis specialist. The result is that for the Mere and Tisbury Rural District a total of 40 cases, 35 Lung and 5 non-pulmonary, remain on the register for 1963.

TABLE VI (a)

FOOD POISONING, ETC.

(Salmonella Infections that are not considered to be food borne are not included under items (2), (3) or (4), but are shown separately under item (5).

2. (a) FOOD POISONING NOTIFICATIONS (Corrected) AS RETURNED TO REGISTRAR GENERAL.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

(b) CASES OTHERWISE ASCERTAINED

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

(c) SYMPTOMLESS EXCRETORS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

NOTE: Symptomless excretors are not regarded as cases.

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

3. PARTICULARS OF OUTBREAKS

Agent	No. of outbreaks		No. of cases		Total Number of Cases.
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified:					
(a) Chemical Poisons (Type to be stated)					
(b) Salmonella (Type to be stated)	NIL	NIL	NIL	NIL	NIL
(c) Staphylococci					
(d) Cl. botulinum					
(e) Cl. welchii					
(f) Other bacteria (to be named)					
Totals	0	0	0	0	0
Agent not identified	0	0	0	0	0

4. SINGLE CASES

Agent	No. of Cases.		Total No. of cases.
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical Poisons (Type to be stated)	NIL	NIL	NIL
(b) Salmonella (Type S. Typhimurium)			
(c) Staphylococci	0	0	0
(d) Cl. botulinum			
(e) Cl. welchii			
(f) Other bacteria (To be named)	NIL	NIL	NIL
Totals	0	0	0
Agent not identified	0	0	0

5. SALMONELLA INFECTIONS, NOT FOOD-BORNE.

Salmonella type	Outbreaks		No. of Cases (outbreaks)	Single Cases.	Total No. of Cases (Outbreaks) & single Cases.
	Family	Other			
Totals	0	0	0	0	0

Comment.

This table is a return required by the Ministries of Health, and of Agriculture, Fisheries and Food, so is included in this report, in spite of its being, very happily, a "nil" return. There were only 2 known, notified cases of "Food Poisoning" during 1955, none in 1956, 1957, 1958 and 1959. In 1960 there was only one, and again none in 1961 and 1962.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital service of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised auxiliary services such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and After-Care" service which is largely concerned with tuberculous people, their families and other contacts, and with "Chronic Sick" and aged people, outside hospitals.

Since 1954, the Medical Officer of Health spends nearly half his day-time working hours working simultaneously for the County Council, principally with the School Health Services, or, at Child Health Clinics and at Immunisation Clinics but also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer, and of the County Medical Officer of Health for Wiltshire.

In the Mere and Tisbury Rural District, most of the Medical Officers for the Maternity and Child Health Clinics are General Medical Practitioners working sessionally, but I attend the Clinic at East Knoyle, with Miss M. Coleman, Health Visitor, and I should like to pay special tribute to the wonderful voluntary help given to the clinic throughout the year, by Miss Green (Hon. Secretary) and the group of other ladies who attend on a rota basis, so that there is always one available for issuing Welfare Foods and two others to deal with the registers. This clinic serves a widely scattered district, and it is not always easy for mothers to reach it with their babies, regularly. At times the attendance has fallen to a degree that has made the County Council consider its discontinuation, but with such good premises and such excellent and freely given voluntary help, that would be a great pity. Attendance began to improve in 1961. Towards the end of the year I also took over the Medical Officership of the Tisbury Clinic from Dr. D.B. Kennedy, who was unable to spare the time from his busy general medical practice any longer. Here again I would like to thank the excellent group of voluntary helpers for the important part they play in working this clinic, with the Health Visitor, Miss Daphne Mares, and myself.

Handicapped Children.

The School Health care, and special educational needs of handicapped children also comes under the Wiltshire School Health Services.

School Premises.

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and School premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements for improving hygienic conditions were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals.

The coming into operation at the end of 1955 of the Food Hygiene Regulations 1955, brought about considerable improvement in school meal facilities, and set new standards of conduct for personnel. A new school on a larger site is urgently needed to replace the old Secondary Modern School at Mere and by the end of the year building had been started on a good open site at the East end of Mere. The fairly new Dunworth Secondary Modern School at Tisbury goes from strength to strength and is accomplishing wonderful health and social development among its pupils.

Handicapped Adults.

The Social care of handicapped adults, including the blind and deaf, and of old people, comes under the County Council Services. But the Local Authority has obligation in regard to their housing, and certain powers, under Section 47 of the National Assistance Act. The Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act, 1951, to the Medical Officer of Health, to act on his own authority in emergency, to obtain a Justice's Order, for a period of up to three weeks detention in hospital, or a home.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing care and attention, with a view to action under the Act. In all cases, however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by the person applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. I am glad to say that compulsory powers did not have to be used this year.

In some cases, representations to the hospital admission authorities by the Medical Officer of Health, indicating that he would have had to obtain a magistrate's order for the patient's admission, but that the patient agreed to go voluntarily, have resulted in a bed being given by the hospital, when previously the General Medical Practitioner had been unable to obtain one.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

As stated in previous Annual Reports and annually repeated because of its basic importance, human health is still greatly influenced by the environment (including housing) and the extent to which man can adapt this to suit his needs.

Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, a water supply containing the necessary minerals for promoting health but free from harmful bacteria etc., safe (and preferably not wasteful) disposal of body wastes, refuse collection and disposal, control of flies, mosquitoes and other insects, rodents and other vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially such universal and basic foods as bread, milk and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared or consumed, including school and other eating rooms, public restaurants, hotels and public houses. Avoidance of certain noxious habits such as cigarette smoking, or chronic alcoholism, is also important. Some of these matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. H. Sharratt, which is incorporated in this Annual Report. Brief comments on the following matters are, however, made in this section of the report.

1. Housing.

As stated in previous reports, within the limits of climate, geography and type of locality, (e.g. agricultural as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as housing. Bad housing, or, worse, lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, over and over again are found to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if more people's housing problems could be solved. The full extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these are big enough. Many people are living in unsuitable accommodation who have not applied for Council Housing; but at the end of the year there were 204 actual applications for Council Housing on the waiting list, a decrease of 89 as compared with the end of 1962. The waiting list in my other, adjacent, Rural District has, however, again increased. This is partly due to the need, or desire, to live nearer the employment available in and near Salisbury. In the case of some physically handicapped people the necessary sort of employment can only be obtained in Salisbury or other sizeable towns.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH, 1963

1. Pages 13, 14 and 16 (text and Tables V and VI).

The word Diphtheria is wrongly spelt, "Diptheria". Would members kindly alter this.

2. Page 22 - End of first paragraph

Please delete last line and last six words of line above.

3. Page 22 - Housing Improvement

Unfortunately a short section of my annual report for 1961 (note, not 1962), became incorporated in the 1963 issue. I must apologise for this inexplicable error, and request the deletion of the first three lines of the paragraph except for the first six words.

F. J. G. Lishman.

MEDICAL OFFICER OF HEALTH.

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Overcrowding of the Countryside and loss of agricultural land.

The observations in my Report for 1957, Page 14, Section 1 still apply.

The number of houses in this Rural District again slightly increased during the year, for there were at the end of the year, 3,752 inhabited houses, an increase of 88 over the 3,664 at the end of 1962. With every increase of one or two storeyed housing development there is a corresponding encroachment upon Great Britain's relatively small proportion of agricultural land. The encroachment does not appear to be very serious yet in the Mere and Tisbury Rural District, but in so far as this Rural District can help to deal with the National problem, my annual suggestion that the Council will consider a policy of building upwards is repeated; ~~blocks of flats of up to three storeys have already been constructed in Mere.~~

Refrigerators.

Tenants of Council Houses of this Authority are very fortunate in being able to rent a refrigerator from the Council at a very moderate weekly rate. At the end of the year 152 tenants were hiring their refrigerators from the Council.

Improvement Grants.

These have continued during the year, ~~until September when the Council temporarily discontinued the "discretionary grants", for a trial period of six months.~~ The smaller "standard grants" were of course continued. Twenty-six improvement grants in respect of 10 dwellings were made during the year as "Discretionary Grants". A further 23 "Standard Grants" were made under the House Purchase and Housing Act, 1959. As these standard grants are largely concerned with provision of baths, water closets and kitchen facilities, a substantial increase is to be expected, especially as more public sewage schemes are developed. The amount of work falling on the staff of the Public Health Inspector in connection with these Improvement Grants is very heavy, but their value is great.

Special Housing Needs of Old People.

I would like to remind readers of the remarks of the Chief Public Health Inspector in his report for 1960. Having seen on several occasions the admirable special provision for old people in the Sturminster Rural District and more recently, the excellent "Grouped Dwellings" built at Downton by the Salisbury and Wilton R.D.C. now in the course of being repeated at Laverstock. I commend these Council's schemes as examples. Meanwhile the increasing proportion of one-floor houses or flats, in the Council's future programme will help the old people. The District is fortunate, meanwhile in having a privately run home, a Guest House in Mere, which caters especially for the comfort and happiness of old people.

Food Storage.

The value of refrigeration for food storage has been given practical support by the Council's previously mentioned scheme for the renting of refrigerators by tenants of their houses.

Slum Clearance.

This continues, but the worst cases have been dealt with, and only 13 houses were demolished during the year as the result of statutory action.

2. Water Supplies.

During 1960, the Council's Comprehensive Water Supply Scheme became incorporated in the Regional Water Supply Undertaking of the West Wilts Water Board, the headquarters of which are at Warminster, with one of the three "area offices" situated in this Council's offices at Bramley House, Mere.

Out of the 3,752 inhabited houses, 2,968 had, at the end of the year, a piped supply to the house itself, another 21 having a supply to a "stand-pipe" nearby only. The complete picture, parish by parish, is set out in the report of the Chief Public Health Inspector. The position is steadily improving, as the Council's former "Comprehensive Water Supply" Scheme to cover the District is being continued by the West Wilts Water Board.

As regards quality, the results of bacteriological analyses of the public supplies were almost invariably good. The West Wilts Water Board have carried out an enormous amount of sampling by their own officers, and I am informed of the analysis results from all the Board's sampling. Further chemical and bacteriological sampling and analysis is of course still carried out by the Council, as Public Health Authority. Details are set out in the report of the Chief Public Health Inspector.

Chemical analysis of the water from the main source, at the Burton Field, Mere, while otherwise good, shows that the Fluoride Content of the Water is low - varying from 0.08 to 0.6 parts per million, averaging 0.1 part per million, which is only one-tenth of the desirable 1 part per million needed for promoting the growth of strong, decay-resisting teeth in the formative phases. The fluoride content of the Maiden Bradley source is much the same as that of the Burton Field source.

Details of chemical, including fluoride, contents of various waters are given in the chemical analysis tables set out in the Report of the Chief Public Health Inspector.

Fortification of the sources with extra fluoride salt to bring it up to the desirable quality, for dental purposes, could be a simple matter, at a cost of about 10d. per head per annum, but the Ministry of Health

and of Housing and Local Government are only now beginning actively to encourage Water Authorities to supplement natural fluoride content of drinking waters, when insufficient, until it, and the Ministry of Health, can demonstrate in this country, the value of this procedure, proven in Canada, the U.S.A., New Zealand and Eire. Meanwhile demonstrations at Watford, Kilmarnock and Anglesey County have conclusively shown that fluoridation is of great value, and in none of the areas did any doctor report any case of complaint. The British Medical Association, the World Health Organisation, the British Dental Association, the Society of Medical Officers of Health, the Canadian Medical Association, and the American Medical Association, support fluoridation. The Government of Eire passed the "Health (Fluoridation of Water Supplies) Act", in 1961, giving power to the Ministry of Health to compel a Water Supply Authority to fluoridate their water if the Ministry is satisfied of the local need for this measure. I believe that there is no public health measure which would do more to improve dental, and therefore general, health so quickly and so cheaply, as enriching fluoride-weak drinking waters. The benefits which will affect babies and young children will persist throughout life. In Wiltshire we are still waiting for the Wiltshire County Council which under Ministry Circular is the Authority responsible for authorising expenditure on this service to come to a decision. Without this Local Authorities and Water Boards are held up.

3. Drainage and Sewerage.

Examination and periodic testing of personnel engaged in water works.

This is giving me and my colleague Medical Officers of Health in other sections of the West Wilts Water Board area, some cause for thought. Arrangements on these lines were made in force in the Mere and Tisbury Rural District before the take over and it is hoped that they may be preserved.

Among the five public sewerage systems maintained by the Council, those at Hindon and Zeals were working well, and the Disposal Works at Tisbury have also worked well. The old works at Mere and Milton, East Knoyle, are inadequate and unsatisfactory. Reconstruction of the Mere plants was well under way by the end of the year, and the Maiden Bradley scheme was awaiting approval by the Ministry of Housing and Local Government. Sewerage schemes to be provided over the next five years was also approved. The two schemes with first, second priority were (1) East Knoyle, (2) Chilmark combined with Teffont.

Drainage into Streams.

Occasional cases of pollution by housedrainage (mainly sullage water) of small village streams still cause trouble, particularly when the weather is hot and dry, and there is little natural flow in the water courses for flushing. This was most marked, as usual, at the Chilmark village stream,

but the Berwick St. John village stream has now also been the source of complaints, for the last three years, and Berwick St. John, which has only a partial sewage scheme and old derelict disposal works (private) badly needs a new and comprehensive scheme.

4. Refuse Collection and Disposal.

Arrangements for disposal places are described in the Chief Public Health Inspector's section of the Report.

A substantial income from salvaged refuse is obtained. During the year £347. 19s. 5d. was obtained from sale of waste paper, and £48. 1s. 9d. from scrap metal and other material, making a total for salvage of £396. 1s. 2d. The sorting of the refuse and salvage of usable material is well worthwhile.

5. Roadside Filth.

The nuisance caused by fouling of the countryside close to main roads is getting worse. Particularly serious is the pollution near the lay-bys in the A.303 road east of Chicklade on Wylde Down. Flies can carry infection from the deposits of faeces onto blackberries. More Public Conveniences, of simple "camp" type, situated on main trunk roads and well signposted, is one answer. Another is better provision on the edge of villages on main roads where spacious car parking is available, and situations allow for water carriage, and piped water for washing, but it is probable that even with such provision, bushes near laybys will still be used, especially for children during picnicking. Discussions on this problem has been begun with the County Council as Highway Authority, by the end of the year.

6. Food Hygiene.

(a) An increased number of inspections of Food Premises have been made during the year.

(b) Milk: Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analyses by three methods was continued until October.

Methods were: -

- (1) "Methylene Blue Test", for general cleanness and keeping quality, for which there were no failures among samples analysed.
- (2) "Phosphatase Test", for adequacy of heat treatment of "pasteurised" milk, for which there were no failures among samples analysed.

- (3) "Biological Test", which consists of inoculation of a guinea pig, and its subsequent examination after a five or six weeks interval for signs of either tuberculosis or brucellosis. Out of a total of 49 samples taken for biological tests, all were negative for tuberculosis and all negative for brucellosis. Last year only 30 samples for Biological analysis were taken, this year's increased number is balanced by the fewer samples for chemical tests, but the biological tests are the more important.

In 1961 the duty of sampling and analysis of milk, and inspection of dairies, which had been transferred to the Wilts County Council, following the coming into operation of the milk (Special Designations) Regulations, 1960, was transferred back to the Rural District Council by the County Council and is therefore again done by the Rural District Council's staff on an Agency basis, the R.D.C. being paid 12s. 6d. for each inspection-sampling done.

All the analysis on these milks were carried out at the Public Health Laboratory attached to the Salisbury General Infirmary pathological Department.

(c) Ice Cream, etc. Concerning other foods, and pursuit of the "clean food campaign", comments will be found in the report of the Chief Public Health Inspector. Concerning a particular food, Ice Cream, however, although the bacteriological safety and hygienic storage conditions are good, it is sad to note how the eating quality of most commercially sold ice cream, which deteriorated in war years, has never recovered, in spite of the recent introduction of "Dairy" ice cream.

7. Clean Air.

The Clean Air Act contains valuable provisions to enable Local (Air) Authorities to improve the quality of the air within their districts. Fortunately, the Mere and Tisbury Rural District has virtually no problem concerning its air, but the provisions of the Act, and any byelaws made by the Council under the Act, will enable the Council to prevent future pollution. Periodical observations of the type and amount of smoke from the new factory chimneys are made, and no action has been necessary.

8. Meat Inspection.

The work done during the year is set out in the report of the Chief Public Health Inspector. The volume of slaughtering within the District is not great at present, but the possible advent of an astronomic increase in bird slaughtering, if the "broiler industry" develops substantially in this District, might bring too heavy a burden on the present Public Health Inspector Staff.

9. Caravans - Caravan Sites and Control of Development Act, 1960.

Please see note on this Act in the report of the Chief Public Health Inspector.

10. Swimming Facilities.

Although there are lakes within the District, the rivers are too small or unsafe to provide very satisfactory swimming, especially for learning to swim. A good swimming pool is available outside the District, at Frome, and another one at Gillingham Secondary Modern School. There are less good ones at Salisbury and Shaftesbury. It is unfortunate that at the end of the year there was no good place for teaching swimming within the Rural District, but I am very glad to report that the Tisbury Swimming Society have done so well in their efforts to provide a pool that there was a good prospect of the pool being ready for use by Summer, 1964, adjacent to Dunworth Secondary Modern School. This new pool includes a proper continuous filtration and chlorination plant.

In 1960 the Principal School Medical Officer for Wiltshire, Dr. C.D.L. Lycett, made a recommendation to the Wiltshire Education Committee that all children should be taught the Holger Neilson method of artificial respiration. Recently the "mouth to mouth" system of artificial respiration has been found to be even more effective, and also simpler, than the Holger Neilson method, and in 1963 certain School Medical Officers, including myself, went to demonstrations of the mouth to mouth method, and subsequently gave instruction to most of the teachers in the secondary grammar and modern schools in Wiltshire, so that the teachers could take over the tuition of the pupils.

11. Recreational Facilities.

Apart from the swimming facilities mentioned in Paragraph 10 above, the countryside of the Rural District provides good facilities for recreation. So does the superb National Trust asset of Stourhead Park. For games, apart from school premises, Mere and Tisbury have both quite good recreation grounds on the borders of the villages. For the children of United States Servicemen from all over Europe, Camp Mohawk in Fonthill Abbey Park, provides the ideal "summer holiday camp".

TABLE VII

FACTORIES ACTS, 1937 to 1959.

Particulars prescribed by the Ministry of Labour of the Acts in so far as the Local Authority is concerned.

PART I OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number in Register. (2)	Number of Inspections. (3)	Written notices. (4)	Occupiers Prosecuted. (5)
(i) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities.	3	5	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	38	29	1	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	13	13	Nil	Nil
	54	47	1	Nil

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	Nil	Nil	Nil	Nil	Nil
Overcrowding (S.2)	Nil	Nil	Nil	Nil	Nil
Unreasonable temperature (S.3)	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation (S.4)	Nil	Nil	Nil	Nil	Nil
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7)					
(a) Insufficient	Nil	Nil	Nil	Nil	Nil
(b) Unsuitable or defective.	Nil	1	Nil	1	Nil
(c) Not separate for sexes.	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (not including offences relating to Outwork.	Nil	Nil	Nil	Nil	Nil
	Nil	1	Nil	1	Nil

PART VIII OF THE ACT

Outwork

(Sections 110 and 111)

Nature of work.	No. of outworkers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists	No. of instances of work in unwhole- some premises.	Notices Prose- served.	Prose- cutions.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel } Making etc., Cleaning and Washing.	26	Nil	Nil	Nil	Nil	Nil
Household Linen	Nil	Nil	Nil	Nil	Nil	Nil

No outworkers were known to be practicing any of the following types of works -

Lace, Lace curtains and nets, Curtains and furniture hangings, Furniture and upholstery, Electro plating, File making, Brass and brass articles, Fur pulling, Iron and steel cables and chains, Iron and steel anchors and graphnels, Cart gear, Locks, latches and keys, Umbrellas, etc. Artificial flowers, Nets, other than wire nets, Tents, Sacks, Racquet and tennis balls, Paper bags, the making of boxes or other receptacles or parts thereof made wholly or partially of paper, Brush making, pea picking, feather sorting, carding, etc. of buttons, etc., stuffed toys, basket making, chocolates and sweetmeats, cosques, Christmas stockings, etc., Textile weaving, Lampshades.

Note - This table is included in the report on the instructions of the Ministry of Health, for the benefit of the Ministry of Labour. Prior to 1961 it was sent as a separate report to the Ministry of Labour.

F.J.G. LISHMAN

Medical Officer of Health.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR.

Showing Sanitary Circumstances of the Area for
the Year Ended 31st December, 1963.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1963.

H. SHARRATT.

Chief Public Health Inspector.

GENERAL INFORMATION.

The Mere & Tisbury Rural District consists of twenty-six Parishes in the South West corner of Wiltshire. Two large Parishes, Mere and Tisbury, provide day to day shopping facilities for surrounding Parishes.

The main industry is agriculture supplemented by Brush Making, Agricultural Engineering and Dog Food manufacture. Messrs. Fine Fare Ltd. commenced the erection of a Poultry Processing Factory during the year but the company shelved the project before completion.

There are two large private Schools for Girls: Cranborne Chase School at Wardour and St. Mary's Convent at Donhead St. Mary.

SANITARY INSPECTIONS OF THE AREA.

Public Health Act, 1936 and General Sanitation.

Number of Inspections	re: Water Supply	58
"	" re: Water Cress	13
"	" re: Swimming Pools	2
"	" re: Milk samples	140
"	" re: Food Inspection	5
"	" re: Infectious Diseases/Suspected Dysentery and to obtain samples.. .. .	16
"	" to take sewage samples.	6
"	" re: Drainage and/or Sanitary Accommodation..	136
"	" re: Farm Drainage.. .. .	7
"	" re: Pollution of Water Courses/Rivers Prevention of Pollution Act, 1961 ..	35
"	" re: Miscellaneous complaints.	37
"	" re: Infestations	51
"	" re: Filthy & Verminous Premises	47
"	" re: Aged and infirm persons.. .. .	13
"	" re: Gypsies	14
"	" re: Moveable Dwellings.. .. .	42
"	" re: Noise	12
"	" re: Litter	18
"	" re: Outworkers	40
"	" re: Dangerous Structures	14

HOUSING

The Council has erected Bungalows and Flats for older people and is continuing with this policy in 1964.

Council dwellings completed in 1963: -

	<u>Houses</u>	<u>Flats</u>	<u>Bungalows</u>
<u>More</u>	-	12	-
<u>Donhead St. Mary.</u>	-	-	22

Council dwellings under construction in 1963: -

<u>Mere</u>	-	-	10
<u>Hindon</u>	-	-	4
<u>Tisbury</u>	-	-	11

Council Houses: Changes of Tenancy during 1963 58

REFRIGERATORS: Tenants of Council Houses may rent refrigerators and 152 tenants are taking advantage of this scheme.

HOUSING STATISTICS FOR 1963.

1.	Number of permanent dwellings in district at end of year.	3,943
2.	Number of permanent dwellings in district owned by local authority.	715
3.	Number of temporary dwellings in district owned by local authority.	NIL
4.	Number of applications for Council Houses at end of year.	204
5.	Inspections of dwellings during year:	
	(i) Inspected for housing defects under Public Health or Housing Acts.	247
	(ii) Number of dwellings found to be unfit.	74
6.	Number of dwellings rendered fit in consequence of informal action	48
7.	Action under Statutory Powers.	
	A. Proceedings under Sections 9, 10, 12, Housing Act, 1957.	
	(i) Number of dwellings where notices were served requiring defects to be remedied.	NIL
	(ii) Number of dwellings rendered fit after service of formal notices.	
	(a) By owners.	NIL
	(b) By local authority in default of owners.	NIL
	B. Proceedings under Public Health Acts.	
	(i) Number of dwellings where formal notices were served.	NIL
	(ii) Number of dwellings made fit as result of formal notices	2
	(a) By owners.	NIL
	(b) By local authority in default of owners.	2
	C. Proceedings under Section 16, Housing Act, 1957.	
	(i) Number of Demolition Orders made.	NIL
	(ii) Number of houses demolished as result of demolition Orders.	13
	(iii) Number of undertakings accepted.	3
	(iv) Number of undertakings completed.	3
	D. Proceedings under Sections 42, 43, 46, 48, Housing Act, 1957.	
	(i) Number of houses in clearance areas upon which demolition Orders were made.	NIL
	(ii) Number of Houses demolished as result of Demolition Orders.	NIL
	(iii) Number of houses in clearance areas which have been retained as temporary accommodation.	NIL
	E. Proceedings under Sections 17, 18, 27, Housing Act, 1957.	
	(i) Number of dwellings where closing orders were made.	NIL
	(ii) Number of dwellings closed as result of closing orders or undertakings by owners.	1
	F. Proceedings under Section 76, Housing Act, 1957.	
	(i) Number of cases of overcrowding at end of year.	2
	(ii) Number of cases of overcrowding discovered during year.	1
	(iii) Number of cases of overcrowding abated during year.	1

Houses erected or converted during year: -

1. 1. 63 to 31.12.63	Houses erected during year. for slum clearance.	For other purposes.	Gained from con- version of large houses into flats or dwellings.	Lost from con- version of two or more houses into one.
Local Authority	1	37	NIL	NIL
Private Enterprises	-	22	2	5

STANDARD GRANTS AND DISCRETIONARY GRANTS.

DISCRETIONARY GRANTS.

	(1) Received	(2) Approved	(3) Rejected	(4) Under Consideration	(5) Withdrawn
1. 1. 63 to 31.12.63	27	26	1	2	NIL

Number of houses improved during 1963 as a result of Grants: 10

Value of Grants made during 1963: £3,350.

The Council suspended Discretionary Grants during the period October 1961 to October 1962 and this is reflected in the lower figure of houses improved.

STANDARD GRANTS.

Applications Received.	Applications Approved.	Amenities provided (Grants completed)					Value of Grant.
		Bath	Wash- Basin	Hot Water Supply	Water Closet	Larder	
23	23	21	21	20	19	19	£3,129.

Grants Withdrawn: 2.

RENT ACT, 1957.

Applications for Certificate of Disrepair.	NIL
Certificates issued.	NIL
Undertakings to effect repairs accepted.	NIL
Applications for cancellation of Certificate.	NIL
Certificates cancelled.	NIL
Inspections.	NIL

CARAVANS.

There has been no demand for a site to be provided and operated by the Council but the heavy traffic along the A.303, particularly in the summer months, may make it necessary to consider the provision of night stopping facilities in conjunction with Toilet Accommodation.

SITES LICENSED.

(1) More than one caravan on site.

A.30 Donhead St. Mary. - 6 caravans (Residential) and holiday.

Cranborne Chase School. - 2 caravans (Residential).

(2) Caravan Club Licence.

Willoughby Hedge Filling Station - Not exceeding 5 caravans.

(3) Single Caravan on Site. - 22.

GYPSIES: There is one encampment in the District at The Dene, Hindon. The area is approximately 10 acres and is divided into seven sites owned by the occupants and accommodating 13 families.

During the past year additional families have from time to time stayed on the sites and it is frequently difficult to get them to move.

The children attend Hindon School.

CAMPING Camp Mohawk at Fonthill Abbey Woods was again open during the summer months. This is a well organised site with ample water supply, sanitary accommodation and showers.

NUISANCES.

Public Health Acts.

Complaints investigated	..	..	..	..	..	..	..	..	61
Informal notices served	..	..	..	..	..	..	..	..	11
Informal notices complied with	..	..	..	..	..	..	..	..	11

RODENT CONTROL.

Complaints of Rodent Infestation are investigated and necessary treatments carried out. Business premises are charged for this work but usually private contractors provide a service for farmers.

The Sewers at Mere, Zeals, Tisbury and Hindon were baited. No evidence of infestation was found in Mere, Zeals or Hindon. Very slight infestation showed in Tisbury on an old length of sewer.

Refuse Tips are regularly baited to control infestation.

	Local Authority	Domestic	General Business	Farm
No. of Properties Surveyed.	4	126	12	8
No. of Inspections made.	36	489	83	34
Treatments carried out.	8	60	11	1
Notices served under Sec. 4.	Nil	Nil	Nil	Nil

WATER SUPPLY.

The West Wilts Water Board supply water throughout the Council's district.

The source of water is at Burton Fields, Mere, and is pumped to a reservoir on Mere Down. This is linked to reservoirs at Hatch, Hindon, East Knoyle, Sutton Mandeville, Donhead St. Andrew and Teffont.

Number of houses supplied from Public sources in villages: -

	DIRECT		BY STANDPIPE	
	No. of Houses	Population (approx).	No. of Houses	Population (approx).
Alvediston.	8	26		
Ansty.	38	116		
Berwick St. John.	94	285		
Chilmark.	101	302		
Donhead St. Andrew.	115	397		
Donhead St. Mary.	275	892		
East Knoyle.	182	621		
Fonthill Gifford.	6	20		
Fonthill Bishop.	8	24		
Hindon.	198	496	7	20
Kilminster.	58	214		
Maiden Bradley.	133	308		
Mere.	694	2232		
Sedgehill.	24	123		
Scmley.	75	214		
Stourton.	15	51		
Sutton Mandeville.	25	76		
Swallowcliffe.	50	159		
Teffont.	81	239		
Tisbury.	505	1680	10	34
Tollard Royal.	31	79		
West Knoyle.	25	86		
West Tisbury.	80	282		
Zeals.	150	438		
	2968	9460	21	54

The following data dealing with Bacteriological Analysis is submitted in accordance with Circular 13/47 Ministry of Health.

ANALYSIS OF WATER SUPPLIES (Bacteriological).

(a) Public Supplies.

Frequent water samples are taken by the West Wilts Water Board in all parts of the area. Copies of the analyses are sent to the Medical Officer of Health and 68 samples were taken in 1963 from mains, reservoirs and sources.

The following samples were taken by this department: -

Number of samples taken during the year	..	..	..	..	2
Number found to be satisfactory..	..	..	..	..	2
Number found to be unsatisfactory	..	..	..	..	NIL

(b) Private Sources.

Number of samples taken during the year	..	..	..	..	36
Number found to be satisfactory..	..	..	..	..	25
Number found to be unsatisfactory	..	..	..	..	11

The unsatisfactory samples were from a small private source and resulted in remedial works and the provision of mains water supply to two dwellings.

ANALYSIS OF WATER SUPPLIES (Chemical).

Chemical Analysis of a sample taken from the Public Supply at Mere.

Physical Characteristics - Clear Liquid: No suspended matter or smell.

Reaction pH. 7.3

Parts per million.

Free carbon dioxide. 18

Ammonia (As N)

Free 0.007

Albuminoid 0.02

Chlorine (as Chlorides) 11.5

equivalent to Sodium Chloride. 19

Oxygen absorbed (4 hours). 0.13

Nitrogen in Nitrite. Very faint trace.

Nitrogen in Nitrate. 1.8

Total Solids. 315

Loss on ignition. 30

Appearance on ignition. No charring.

Hardness: Temporary. 222

Permanent. 22

244

Lead and Copper - Not detected: less than 0.1

Water Cress Beds.

Routine inspections were made and water samples taken from the Water-cress Beds at Mere, Zeals, Donhead St. Mary and Donhead St. Andrew.

Number of Water samples taken from Beds and Sources	6.
Number found not to be entirely satisfactory.	1.

Watercress Samples.

Before Washing: -	Satisfactory 3. Unsatisfactory NIL. Total: 3.
After Washing in Chlorinated Water -	Satisfactory 5. Unsatisfactory 1. Total: 6.

All cress is washed in chlorinated water after cutting and Hydro Cooling is carried out at two beds.

The number of samples of watercress and water from the beds is reduced from last year owing to the extreme weather conditions in the first two months of 1963.

SWIMMING POOLS.

There are two swimming pools in the district. One is at the Pyt House Club and open to members, the other has been constructed, by public subscription, adjacent to the new Secondary Modern School at Tisbury.

Children in the western half of the district have to travel some miles to enjoy bathing facilities.

SEWERAGE AND SEWAGE DISPOSAL

Five Parishes have a main sewerage system. In the remainder of the District disposal is by Septic Tank, Cesspool or Pail Closet. The conversion to waterborne sanitation continues and during 1963 of 91 plans submitted for improvements to dwellings 66 were in respect of properties with no sewer available.

The Council does not operate a Cesspool emptying service, the area being served by private Contractors. There is a reluctance amongst land owners and farmers to allow sludge to be spread on farm land and occasionally complaints of nuisance arising from this practice are received.

With the implementation of the Council's plans for Sewage Disposal consideration will have to be given to the emptying of septic tanks outside the sewered areas and for the reception of sludge at the larger works.

Tisbury.

The works, completed in 1959, continue to operate in a satisfactory manner. Sewage gravitates to the works from the greater part of the village and from the Tuckingmill area is raised by Ejector to the Main Sewer. The sewage is raised within the works by sedimentation tanks and gravitates through percolating filters and humus tanks with the final effluent discharging to the River Nadder.

Trade Effluent is accepted from the Factory manufacturing Dog Food. Regular sampling of this effluent and the final effluent at the works is carried out.

New connections to sewers 1

Mere.

The condition at the Mere Sewage Works remained unchanged. Only partial retention of solids was possible by passing the sewage through the inadequate tanks. The Avon and Dorset River Board acquiesced to the discharge direct to the river during the construction of the new works.

The extreme conditions prevailing for two months at the beginning of the year curtailed work on the construction of the new Disposal Works.

Sewage will gravitate to the works from the area north of Edgebridge and sewage from Holwell, Southbrook and the Causeway will be lifted via a pumping station at Edgebridge into the trunk sewer, thence by gravitational flow through the works.

Application was made to the Minister of Housing & Local Government to extend the sewer to take in the hamlet of Burton.

Work on the proposed Poultry Packing Station was abandoned after the erection of the Steel framework and when the facilities for treatment of trade effluent had already been provided at the new works. This means that facilities for new industry can readily be provided.

A sewage works manager has been provided for these works.

New connections to sewers 18

Hindon.

These works, completed in 1964, continue to function in a satisfactory manner. Sewage gravitates to the Pumping Station and is lifted to high level to gravitate through the works with final disposal of effluent by land irrigation.

An attendant works here two days per week with regular visits from mobile staff.

New connections to sewers 1

An application was received for a connection for properties in the adjacent Rural District.

Zeals.

The system is an adaptation of the scheme installed for the use of Zeals Aerodrome and taken over by the Council at the end of the war. The Sewage Disposal Works are situated in the neighbouring Rural District. The works continue to function in a satisfactory manner.

New connections to sewers 4

Maiden Bradley.

Negotiations for the take over of the Estate Sewers and Disposal Works were completed.

The proposed scheme is for the relaying of part of the existing sewers to accept sewage from the Rank and the extension of the sewered area, the construction of a pumping station in Frome Road to lift sewage back to High Street and the construction of a new sewage disposal works.

Some difficulty was experienced in finalising the Council's proposals in respect of this scheme and a meeting at the Ministry of Housing and Local Government was necessary to resolve the points at issue.

COMPREHENSIVE SEWERAGE SCHEME.

The Council's Consulting Engineers prepared an outline scheme for the complete sewerage of the District at an estimated cost of just over £600,000.

Surveying has commenced for the first parish, East Knoyle. This scheme will benefit approximately 250 houses at an estimated cost of £80,000. This will be followed by a joint scheme for Chilmark and Teffont with about 200 houses to be sewered at an approximate cost of £60,000 and by about 1970 it is anticipated that a joint scheme will be coming along for Donhead St. Mary and Donhead St. Andrew to benefit 425 houses at an approximate cost of £110,000 and a joint scheme for Kilminster and Stourton with an approximate cost of £94,000 for about 200 dwellings with disposal of final effluent to the existing works at Zeals.

RIVERS PREVENTION OF POLLUTION ACT, 1961

Farm Effluent.

No applications have yet been received to discharge farm effluents to sewers.

Council Sewage Works and Housing Sites.

Applications were made to the Avon and Dorset River Board for consent for the continuance of pre-1951 discharges. Consent was granted for the time being for all sites.

PUBLIC CLEANSING

Household and Trade Refuse Collection.

The Council operates a fortnightly collection of refuse throughout the district. The collection is kerbside. Efforts are made to assist the aged or handicapped as much as possible. Two vehicles are operated with one driver and one loader to each vehicle.

Vehicles employed: 12 cu yd side loader (Petrol).
 18 cu yd Dual Tip (Diesel).

Provision of Dustbins.

Dustbins are provided only for the Council Houses.

The Council have not taken action under Section 75 of the Public Health Act to provide dustbins, either as a rate borne service or at a charge.

Disposal.

The disposal of refuse is to dumps at Ansty, Maiden Bradley, East Knoyle and Donhead St. Andrew.

The exceptional weather conditions prevailing for the first two months of the year made refuse collection a difficult and at times an impossible operation.

As soon as roads were in any way passable collection was recommenced and only for a very short period were dustbins left uncollected in any but the most isolated parts of the district.

Miles run during the year	.	.	.	.	.	Petrol: 13,161
						Diesel: 13,326

SALVAGE.

The value of salvage collected was below that for 1962.

	Tons.	Cwts.	Qrs.	£.	s.	d.	
<u>Mixed Waste Paper.</u>	8.	4.	1.	32.	17.	9.	
	7.	7.	0.	45.	18.	9.	
	5.	17.	0.	36.	11.	3.	
	2.	2.	3.	13.	7.	2.	
	6.	4.	1.	18.	12.	9.	
			<u>29. 15. 1.</u>				<u>£147. 7. 8.</u>
<u>Newsprint.</u>	3.	10.	0.	23.	12.	6.	
	5.	7.	1.	41.	0.	9.	
	3.	16.	1.	25.	14.	8.	
	5.	0.	3.	34.	0.	1.	
	5.	6.	1.	35.	17.	2.	
	5.	19.	2.	40.	6.	7.	
			<u>29. 0. 0.</u>				<u>£200. 11. 9.</u>
<u>Scrap Metal.</u>		18.	0.	8.	11.	0.	
		19.	2.	9.	14.	4.	
		15.	0.	4.	2.	6.	
		1.	2.	2.	5.	0.	
			<u>2. 14. 0.</u>				<u>£24. 12. 10.</u>
<u>Rags, Gunny, String.</u>	1.	5.	2.	10.	18.	0.	
	2.	7.	2.	12.	10.	11.	
			<u>3. 13. 0.</u>				<u>£23. 8. 11.</u>
			65. 2. 1.				£396. 1. 2.
			<u> </u>				<u> </u>

LITTER ACT, 1958.

Litter bins are installed in various points throughout the District and the Wiltshire County Council Highways Department co-operate with the provision of litter bins on laybys. The litter bins are cleared before each weekend by the Refuse Collectors and the County Council have agreed to contribute, at the rate of 1/6d. per bin clearance, towards the cost.

Despite the provision of litter bins the amount of litter and refuse deposited continues to increase. The danger arising from broken glass scattered about our beauty spots cannot be too strongly emphasized.

Large items, such as car bodies, continue to be left on verges and open spaces. It is virtually impossible in a Rural District such as this, to identify the culprits.

PUBLIC CONVENIENCES.

New Public Conveniences are provided in the Car Park at Mere and in the High Street at Tisbury.

The Council has provided the best possible facilities for the travelling public; the conveniences are tiled throughout and washing facilities with soap, hot water and hand dryers provided for both sexes. Despite the very heavy use occasioned by the increased traffic along the A.303 there has been little vandalism.

Further representations were made to the Wiltshire County Council regarding the increased fouling of laybys, verges and picnic sites along the A.303 and A.30. Clouds of flies swarm on the heavily polluted ground.

It would seem that there is a chance that some action will be taken to endeavour to eliminate this state of affairs. The Local Authorities of Wiltshire together with the County Council are to discuss this problem.

INSPECTION AND SUPERVISION OF FOOD.

Food Hygiene Regulations, 1961.

Number of Inspections made: 205.

Public Houses, Hotels ..	..	..	..	..	..	..	..	..	..	..	37
Grocery Stores ..	..	..	..	..	..	..	..	..	..	..	57
Fishmongers ..	..	..	..	..	..	..	..	..	..	..	3
Butchers' Shops ..	..	..	..	..	..	..	..	..	..	..	7
Cafes ..	..	..	..	..	..	..	..	..	..	..	11
Hospitals and Institutions ..	..	..	..	..	..	..	..	..	..	..	3
Parish Halls, Clubs, Sweet Shops, etc..	..	..	..	..	..	..	..	..	..	..	17
Schools...	..	..	..	..	..	..	..	..	..	..	16

Number of Food Premises registered under Section 16, Food and Drugs Act, 1955: -

1. Preparation or Manufacture of Sausages..	..	..	..	..	..	7
2. Sale or Preparation of Cooked Meats ..	..	..	..	..	..	15

There were no prosecutions during the year.

MOBILE CANTEENS

During the summer weekends mobile canteens appear on laybys and verges. Routine inspections are carried out but the short stay on site makes adequate control difficult.

CLEAN FOOD CAMPAIGN.

The promotion of Clean Handling of Food is by the slow process of individual education.

<u>Headings.</u>	<u>Activities.</u>
1. Lectures or Classes for Food tradesmen and their employees.	None. Advice to individuals and leaflets.
2. Exhibitions.	None.
3. Lectures etc., for General Public including Women's organisations.	Two lectures during year.
4. Formation of Clean Food Guild.	None.
5. Formation of Local Codes of Practice.	None.
6. Any other relevant activities.	The exhibition of posters by the Public Health Department.

MILK.

The Wiltshire County Council delegated licensing and sampling powers under the Milk (Special Designations) Regulations, 1960.

Under the Delegation Agreement the Rural District Council receive 12/6d. per sample taken.

LICENCES.

Dealers Licence to use Special Designation "Tuberculin Tested":	2
Dealers (Pre-packed Milk) Licence - Tuberculin Tested, Pasteurised:	7
Dealers (Pre-packed Milk) Licence - Sterilised.	1

Other dealers delivering milk in the District are licensed by the authority in whose district their premises are situated.

A requirement of the delegation was the regular sampling of milk. The recommended range and frequency of milk sampling required being: -

Table 1.

Grade of Milk.	Sampling Sources	Examination required.	Sampling frequency.	Annual number of Samples.
Raw T.T. Milk.	Producer Retailers and Distributors.	Methylene Blue	Monthly.	57
		Biological	Quarterly	16
	Wilts Pasteurising Plants.	Phosphatase and Methylene Blue.	Fortnightly	-
T.T. Pasteurised	Distributors obtaining milk from Wilts Pasteurising Plants.	Phosphatase and Methylene Blue.	Quarterly.	4
and Pasteurised Milk.	Distributors obtaining Milk from outside Pasteurising Plants.	Phosphatase and Methylene Blue.	Monthly.	88
Sterilised Milk.	Distributors.	Turbidity Test.	Monthly.	12

TOTAL SAMPLES: . 177.

Samples taken during 1962: -

130 Routine inspections of milk shops, dairies and delivery vans were made.

Table 2.

No. of raw milk samples for statutory test.		No. of raw milk samples for biological test.		No. of heat treated samples for statutory test.		No. of bottle rinses (Sets) for bacteriological test.	
Pass	Fail	T.B.		B.A.		Pass.	Fail.
		Pos.	Neg.	Pos.	Neg.		
37	3	-	16	1	32	119	1
						3	-

As a result of individual cow samples for Brucella Abortus one animal was eliminated from a herd at Maiden Bradley.

A case of Brucellosis was notified and sampling of the sole cow on the farm revealed Brucella Abortus in the milk. This animal was slaughtered.

One complaint was received of glass in a milk bottle. The evidence had been removed before an inspection could be made.

Complaint was made of a stained milk bottle delivered to Dunworth School, Tisbury, but did not lead to prosecution, the Analyst being unable to give conclusive evidence.

ICE CREAM

Ice Cream is not manufactured in the District and that sold within the district is pre-packed.

No cases of illness from the consumption of this food was reported.

Premises registered for the Sale of Ice Cream 49

FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption.

- 3 lbs tin Ham.
- 3 tins Casserole Steak.
- 96 lbs Top Piece Beef.
- 1 6lb tin Corned Beef.
- 95 Various Ice Creams.
- 8 Packets Frozen Sliced Beans.
- 33 Packets Frozen Peas.
- 4 Packets Frozen Spinach.
- 4 Packets Frozen Mixed Veg.
- 5 Packets Frozen Broad Beans.
- 3 Packets Frozen Peas and Carrots.
- 3 Packets Frozen Steakburgers.
- 10 Packets Frozen Sausages.
- 1 Frozen Steak & Kidney Pie.
- 24 Packets Frozen Fish Fingers.
- 18 Packets Frozen Fish Steaks.

It was found that Sherbet in tubes of plastic to simulate straws was being sold in the District.

Representation by the Medical Officer of Health resulted in the importing of this commodity being discontinued.

Sampling under the Food and Drugs Act is carried out by the Wiltshire County Council.

Carcases Inspected in 1963.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.	Nil	Nil	Nil	Nil	Nil
Number Inspected.	Nil	Nil	Nil	Nil	Nil
Number and Parts condemned.	Nil	Nil	Nil	Nil	Nil

SLAUGHTERHOUSES

The two private Slaughterhouses within the District did not comply with the Construction Regulations and with the Appointed Day for these Regulations to apply being confirmed as the 1st January, 1961, for the Mere & Tisbury Rural District Council, both ceased to operate.

SLAUGHTER OF ANIMALS ACT, 1958.

Number of renewals of Licences issued to Slaughtermen: 4
 Number of New Licences issued to Slaughtermen: Nil.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

The Wiltshire County Council have delegated their functions under this Order to District Councils and the Public Health Inspector is authorised to act as Inspector of the Local Authority under the 1960 Act for the purpose of executing and enforcing the provisions of the Order.

No. of premises licenced.	Premises where swill is boiled for resale.	Types of Boiling Plant. Elect/ Gas Coal/ Wood		Breaches of Order detected.
3	Nil	1	2	Nil

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963.

The Public Health Inspectors are authorised officers for the purpose of this Act.

No. of Establishments Licenced	.	.	.	.	.	.	.	1
No. of Kennels visited under the Act	.	.	.	.	.	.	.	8

OFFICES SHOPS AND RAILWAY PREMISES ACT, 1963.

The Public Health Inspectors are authorised officers for the purpose of this Act, which will commence with registrations in May, 1964.

Estimated number of Premises to be Registered	.	.	.	75
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CLEAN AIR ACT, 1956.

No action was necessary during 1963 to abate air pollution.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1961.

There are no premises requiring Licensing or Registering under the above Act.

H. SHARRATT

Chief Public Health Inspector.

